UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

NOTICE OF ALLOWANCE AND FEE(S) DUE

110

7590

07/11/2008

DANN, DORFMAN, HERRELL & SKILLMAN 1601 MARKET STREET SUITE 2400 PHILADELPHIA, PA 19103-2307 EXAMINER

KUBELIK, ANNE R

ART UNIT PAPER NUMBER

1638

DATE MAILED: 07/11/2008

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/663,241	09/16/2003	Pal Maliga	1594-P01159US02	5658

TITLE OF INVENTION: PLASTID PROMOTERS FOR TRANSGENE EXPRESSION IN THE PLASTIDS OF HIGHER PLANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	10/14/2008

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS; This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where ap in m

(Signature	appropriate. All further indicated unless correct maintenance fee notifica	itions.						
DANN, DORFMAN, HERRELL & SKILLMAN 1601 MARKET STREET SUITE 2400 PHILADELPHIA, PA 19103-2307 APPLICATION NO. HUNG DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONTRIMATION NO. 10063,241	CURRENT CORRESPOND	ENCE ADDRESS (Note: Use Bl	ock 1 for any change of address)	Feet	c) Transmittal Th	is certif	icate cannot be used f	or any other accompanying
DANN, DORFMAN, HERRELL & SKILLMAN 1601 MARKET STREET SUITE 2400 PHILADELPHIA, PA 19103-2307 APELACATION NO. PILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONTRINATION NO. 10/663,241	110	7590 07/11	/2008					
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10663,241 09/16/2003 Pal Maliga 1594-POI159USO2 5658 TITLE OF INVENTION: PLASTID PROMOTERS FOR TRANSGENE EXPRESSION IN THE PLASTIDS OF HIGHER PLANTS APPLN TYPE SMALL ENTITY ISSUEFEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEESS DUE DATE DUE nonprovisional YES 5720 \$300 \$0 \$1020 10/14/2008 EXAMINER ART UNIT CLASS-SUB-CLASS KUBELIK, ANNE R 1638 536-024100 Change of correspondence address or indication of "Fee Address" (37 CFR 1.25") Change of correspondence address from PYO/SB/122) attached. Use of a Customer Vamber is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PILEASE NOTE: Unless an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (Please first reapply any previously paid issue fee shown above) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Plyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Plyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Plyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Plyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Plyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Plyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Plyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. A policant chims SMALL ENTITY status	1601 MARKET SUITE 2400	STREET	L & SKILLMAN	I he State addr trans	reby certify that the	is Fee(s) Transmittal is being	deposited with the United
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/663,241 09/16/2003 Pal Maliga 1594-PO1159USQ2 5658 TITLE OF INVENTION: PLASTID PROMOTERS FOR TRANSGENE EXPRESSION IN THE PLASTIDS OF HIGHER PLANTS APPLY. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$720 \$300 \$0 \$1020 10/14/2008 EXAMINER ART UNIT CLASS-SUBCLASS KUBELIK, ANNER 1638 556-024100 CER 1.563.) CER 1.563. C	PHILADELPHI	A, PA 19103-2307						(Depositor's name)
APPLICATION NO. FILNG DATE FIRST NAMED INVESTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/662,241 09/16/2003 Pal Maliga 1594-P01159US02 5658 TITLE OF INVENTION: PLASTID PROMOTERS FOR TRANSGENE EXPRESSION IN THE PLASTIDS OF HIGHER PLANTS APPLY. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$720 \$300 \$0 \$1020 10/14/2008 EXAMINER ART UNIT CLASS-SUBCLASS KUBELIK, ANNER 1638 556-024100 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/8B/42; attached. Use of a Customer Number is required. 1. The Address" indication (or "Tee Address" indication form PTO/8B/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent.): Individual Corporation or other private group entity Government of Fee (No small entity discount permitted) Advance Order - # of Copies 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) A check is enclosed. 1. Payment by credit card. Form PTO-2038 is attached. 1. Payment by credit card. Form PTO-2038 is attached. 1. Payment by credit card. Form PTO-2038 is attached. 1. Payment by credit card. Form PTO-2038 is attached.								(Signature)
10/662,241								(Date)
APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. FAID ISSUE FEE TOTAL FEE/S) DUE DATE DUE nonprovisional YES \$720 \$300 \$0 \$1020 10/14/2008 EXAMINER ART UNIT CLASS-SUBCLASS KUBELIK, ANNE R 1638 536-024100 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. If no name is 1 created attorney or agents. If no name is 1 created attorneys or agents. If no name is 1 created attorneys or agents. If no name is 1 created attorneys or agents. If no name is 1 created attorneys or agents. If no name is 1 created attorneys or agents. If no name is 1 created attorneys or agents. If no name is 1 created attorneys or agents. If no name is 1 created attorneys or agents. If no name is 1 created attorneys or agents. If no name is 1 created attorney or agents. If no name is 2 created attorney or agents. If no name is 3 created attorney or agents. If no name is 3 created attorney or agents. If no name is 3 created attorney or agents. If no name is 3 created attorney or agents. If no name is 3 created attorney or agents. If no name is 3 created attorney or agents is dentified below, the document has been filed for the patent is 2 created attorney or agents. If no name is 3 created attorney or agents or other private group entity and 5 created attorney or agents or other private group entity and 5 created attorney or agents or other party is 5. Chapter of the assignment of the assig	APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTC	RNEY DOCKET NO.	CONFIRMATION NO.
APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(s) DUE DATE DUE nonprovisional YES \$720 \$300 \$0 \$1020 10/14/2008 EXAMINER ART UNIT CLASS-SUBCLASS KUBELIK, ANNE R 1638 536-024100 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. The Address from PTO/SB/122) attached. The Address from PTO/SB/122 intended. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for liling an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) 4a. The following fee(s) are submitted: Shapicant of Fee(s): (Please first reapply any previously paid issue fee shown above) Please check the appropriate assignee category or categories (will not be printed on the patent): Advance Order - # of Copies Advance	10/663,241	09/16/2003		Pal Maliga		15	94-P01159US02	5658
nonprovisional YES	TITLE OF INVENTION	N: PLASTID PROMOTE	RS FOR TRANSGENE F	EXPRESSION IN THE PL	ASTIDS OF HIGH	IER PL	ANTS	
nonprovisional YES								
nonprovisional YES		Г	Г	т				
EXAMINER ART UNIT CLASS-SUBCLASS KUBELIK, ANNE R 1638 536-024100 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The following fee(s) are submitted: Advance Order - # of Copies Advance Order - # of Copies A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) A applicant claims SMALL ENTITY status. See 37 CFR 1.27. D b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						E FEE	, ,	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of Correspondence Address form PTO/SB/147, Rev 03-02-0 or more recent) attached. Use of a Customer Number is required. Change of Customer Number is required. Change of Correspondence address form PTO/SB/147, Rev 03-02-0 or more recent) attached. Use of a Customer Number is required. Change of	nonprovisional	YES	\$720	\$300	\$0 1		\$1020	10/14/2008
2. For printing on the patent front page, list (TR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. Tree Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. Address form PTO/SB/122) attached. Tree Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): The following fee(s) are submitted: Acheck is enclosed. Publication Fee (No small entity discount permitted) Advance Order - # of Copies Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). S. Change in Entity Status (from status indicated above) A Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (fi required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in the patent attorneys or agents. If no name is agents at any agents at any agents and the names of up to 3 registered patent attorneys or agents. If no name is 1.2 to 1.2 to 2.2 to 2.2 to 2.2 to 3.2 to 3.	EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
CFR 1.363). Change of correspondence address (or Change of Correspondence Address Tom PTO/SB/122) attached. The Address Tom PTO/SB/122) attached. Capacita Address Tom PTO/SB/122) attached. Capacita Address Tom PTO/SB/122) attached. The Address Tom PTO/SB/122) attached. Capacita Address Tom PTO/SB/123 attached. Capacita Address Tom PTO/SB/122) attached. Capacita Address Tom PTO/SB/123 attached. Capacita Address Tom	KUBELIK	K, ANNE R	1638	536-024100				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) A Applicant claims SMALL ENTITY status. See 37 CFR 1.27. A Deposit Account Number are registered attorney or agents. If no name is listed, no name is registered attorneys or agents. If no name is 12 and 12	1. Change of correspond CFR 1.363).	ence address or indicatio	n of "Fee Address" (37				1	
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in the status of the printed attorney or agent; or the assignee or other party in the status of the printed.	Change of corresp	oondence address (or Cha B/122) attached	inge of Correspondence	or agents OR, alternativ	ely,			
Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) A Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party is a substitute for filing an assignment. In a substitute for filing an assignment. By CERT 1.27(g)(2).	☐ "Fee Address" ind	lication (or "Fee Address	" Indication form	registered attorney or a	gent) and the nam	es of u	p to	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of the patent o			ned. Use of a Customer	listed, no name will be	rneys or agents. If printed.	no nan	ie is 3	
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s) are submitted: 4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Payment by credit card. Form PTO-2038 is attached. Payment, to Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).	3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	pe)			
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).	PLEASE NOTE: Un	less an assignee is ident	ified below, no assignee	data will appear on the pa	atent. If an assign	ee is i	lentified below, the de	ocument has been filed for
4a. The following fee(s) are submitted: Sissue Fee A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). Status (from status indicated above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-20		•	piction of this form is two	· ·	_	COUNT	RY)	
4a. The following fee(s) are submitted: Sissue Fee A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). Status (from status indicated above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-20								
4a. The following fee(s) are submitted: Sissue Fee A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). Status (from status indicated above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-20	DI 1.1.1				Dla			П .а
□ Issue Fee □ A check is enclosed. □ Publication Fee (No small entity discount permitted) □ Advance Order - # of Copies □ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number □ (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) □ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in the status of the status o	Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🖵 Co	orporat	on or other private gro	oup entity 🖵 Government
□ Publication Fee (No small entity discount permitted) □ Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) □ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in the second process.	_	are submitted:	41	— *	se first reapply a	ny prev	iously paid issue fee	shown above)
Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in the status of t								
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party is	*							ficiency, or credit any
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party is	5 Change in Entity Sta	tus (from status indicate)	d above)	overpayment, to Depo	SIL ACCOUNT NUMB	er	(enclose al	n extra copy of this form).
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.	_ ~ .	*	· · · · · · · · · · · · · · · · · · ·	☐ b. Applicant is no long	ger claiming SMA	LL EN	ΓΙΤΥ status. See 37 CI	FR 1.27(g)(2).
meteorial on the control of the cont	NOTE: The Issue Fee an interest as shown by the	nd Publication Fee (if requestroyed)	uired) will not be accepte	d from anyone other than the	ne applicant; a regi	istered	attorney or agent; or th	e assignee or other party in
	interest us she will by une	Total of the amount		· · · · · · · · · · · · · · · · · · ·				
Authorized Signature Date	Authorized Signature				Date			
Typed or printed name Registration No	Typed or printed name			Registration No.				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process	This collection of inform	nation is required by 37 C	CFR 1.311. The information	on is required to obtain or r	etain a benefit by t	he pub	ic which is to file (and	by the USPTO to process)
an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, an submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complet this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.C.	submitting the complete	d application form to the	e USPTO. Time will vary	depending upon the indiverse Chief Information Office	idual case. Any co	mmute: mmen Trader	s on the amount of tir	g gamering, preparing, and me you require to complete artment of Commerce PO
Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, Virginia 22313-1450.	Box 1450, Alexandria, V	/irginia 22313-1450. DC	NOT SEND FEES OR	COMPLETED FORMS TO	THIS ADDRESS	S. SEN	O TO: Commissioner	for Patents, P.O. Box 1450,

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450

P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

APPLICATION NO.	APPLICATION NO. FILING DATE FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/663,241	10/663,241 09/16/2003 Pal Maliga		1594-P01159US02	5658
110 75	90 07/11/2008	EXAMINER		
DANN, DORFM	AN, HERRELL & S	KUBELIK, ANNE R		
1601 MARKET ST	TREET	ART UNIT	PAPER NUMBER	
SUITE 2400 PHILADELPHIA,	PA 19103-2307		1638 DATE MAILED: 07/11/200	8

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

	Application No.	Annlicent(s)
	Application No.	Applicant(s)
Notice of Allowability	10/663,241	MALIGA ET AL.
Notice of Allowability	Examiner	Art Unit
	Anne R. Kubelik	1638
The MAILING DATE of this communication appearance All claims being allowable, PROSECUTION ON THE MERITS IS herewith (or previously mailed), a Notice of Allowance (PTOL-85) NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RI of the Office or upon petition by the applicant. See 37 CFR 1.313	(OR REMAINS) CLOSED in this ap or other appropriate communication IGHTS. This application is subject t	plication. If not included n will be mailed in due course. THIS
1. This communication is responsive to <u>response and amend</u>	<u>ment filed 6/11/08</u> .	
2. X The allowed claim(s) is/are 5-9, renumbered 1-2, 4, 3 and	<u>5, respectively</u> .	
 3. Acknowledgment is made of a claim for foreign priority ur a) All b) Some* c) None of the: 1. Certified copies of the priority documents have 2. Certified copies of the priority documents have 3. Copies of the certified copies of the priority documents 	e been received. e been received in Application No	
International Bureau (PCT Rule 17.2(a)).		
* Certified copies not received:		
Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONN THIS THREE-MONTH PERIOD IS NOT EXTENDABLE. 4. ☐ A SUBSTITUTE OATH OR DECLARATION must be subm INFORMAL PATENT APPLICATION (PTO-152) which give	IENT of this application. itted. Note the attached EXAMINER	R'S AMENDMENT or NOTICE OF
5. CORRECTED DRAWINGS (as "replacement sheets") mus	` , •	
(a) ☐ including changes required by the Notice of Draftspers		-948) attached
1) ☐ hereto or 2) ☐ to Paper No./Mail Date	- ·	o to) attached
(b) ☐ including changes required by the attached Examiner's Paper No./Mail Date Identifying indicia such as the application number (see 37 CFR 1.	s Amendment / Comment or in the 0	
each sheet. Replacement sheet(s) should be labeled as such in t	he header according to 37 CFR 1.121	(d).
 DEPOSIT OF and/or INFORMATION about the depo attached Examiner's comment regarding REQUIREMENT 		
Attachment(s) 1. ☐ Notice of References Cited (PTO-892)	5. ☐ Notice of Informal F	Patent Application
2. Notice of Draftperson's Patent Drawing Review (PTO-948)	6. ☐ Interview Summary Paper No./Mail Da	(PTO-413), tte
 Information Disclosure Statements (PTO/SB/08), Paper No./Mail Date 	7. Examiner's Amend	ment/Comment
Examiner's Comment Regarding Requirement for Deposit of Biological Material	8. ☐ Examiner's Statements. ☐ Other	ent of Reasons for Allowance
	/Anne R. Kubelik/ Primary Examiner, Art Uni	t 1638